



CITY OF WILLIAMSBURG BEDROOM RENTAL TO VISITORS REPORTING FORM

OWNER/OCCUPANT _____ ADDRESS _____
BUSINESS NAME _____
TELEPHONE NUMBER _____ EMAIL _____
MONTH _____ YEAR _____

FILL OUT EACH ROOM RENTAL FOR EACH DAY TO INDICATE THE NUMBER OF VISITORS STAYING IN THE ROOM AND THE NUMBER OF MOTOR VEHICLES PARKED ON THE PREMISES BELONGING TO THE VISITOR. FOR EXAMPLE, A ROOM BEING RENTED TO TWO VISITORS HAVING ONE AUTOMOBILE SHALL BE FILLED OUT AS 2/1.

DATE	ROOM 1	ROOM 2	ROOM 3	ROOM 4	ROOM 5	ROOM 6	ROOM 7	ROOM 8	ROOM 9
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31									

NAMES OF ALL PERSONS LIVING ON THE PREMISES _____

AFFIDAVIT

I hereby swear that the above information is true and accurate to the best of my knowledge and belief.

Signature _____

This day, _____, 20____, the above swore to me under oath that the foregoing information is true to the best of his/her knowledge and belief.

Notary _____

My Commission expires _____